FORM D ORIGINAL

UNITED STATES

SEC **Wall Processing** Section

PRITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 FORM D

AUG 292008

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFE-RING EXEMPTION

Washington, DC < 101

1310100								
OMB APPROVAL								
OMB Numb	er: 3:	3235-0076						
Expires:	August	August 31, 2008						
Estimated average burden hours per response 16.00								
nours per	csponse	10.00						
SEC	USE ONLY	Υ						
Prefix		Serial						
DATE RECEIVED								

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Name of Offering (check if this is an amendment and name has changed, and indicate change.) Series B Preferred Stock Financing
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE Type of Filing: New Filing Amendment No. 4
A. BASIC IDENTIFICATION DATA
1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Quantenna Communications, Inc.
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (408) 331-9289
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Telephone Number 1 08058974
Brief Description of Business Developer of disruptive next generation MIMO based wireless chips with game-changing size, power, and performance.
Type of Business Organization
Corporation Imited partnership, already formed
business trust limited partnership, to be formed other (please specify): PROCESSED
Actual or Estimated Date of Incorporation or Organization: Month Year

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

			A	. BASIC ID	ENTI	FICATION DATA				
 Each beneficial own 	ne issue ner hav cer and	er, if the issuer ring the power i I director of co	has been to vote of rporate i	ssuers and of corporat	e vote					securities of the issuer; nd
Check Box(es) that Apply:	\boxtimes	Promoter	\boxtimes	Beneficial Owner	\boxtimes	Executive Officer	\boxtimes	Director		General and/or Managing Partner
Full Name (Last name first, i	f indiv	ridual)							·	· · · · · · · · · · · · · · · · · · ·
Rezvani, Behrooz								_		
Business or Residence Addre	ss (Nu	imber and Stre	eet, City	, State, Zip Code)						
C/o Quantenna Communic	ations	, Inc., 219 Mo	ffett Pa	ark Drive, Sunnyva	le, CA	94089				•
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f indiv	ridual)								
Ansari, Saied										
Business or Residence Addre	ss (Nu	ımber and Stre	et, City	, State, Zip Code)						
C/o Quantenna Communic	ations	, Inc., 219 Mo	offett Pa	ark Drive, Sunnyva	le, CA	94089				
Check Box(es) that Apply:	\boxtimes	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f indiv	idual)		•						
Farrokhi, Farrokh R.										
Business or Residence Addre	ess (Nu	imber and Stre	et, City	, State, Zip Code)				_		
C/o Quantenna Communica	ations	, Inc., 219 Mo	ffett Pa	ark Drive, Sunnyva	le, CA	94089				
Check Box(es) that Apply:	\boxtimes	Promoter	\boxtimes	Beneficial Owner		Executive Officer	\boxtimes	Director		General and/or Managing Partner
Full Name (Last name first, i Goldsmith, Andrea	findiv	ridual)								
Business or Residence Addre					le. CA	94089				
Check Box(es) that Apply:	\boxtimes	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	findiv	vidual)	•	, , , <u>, , , , , , , , , , , , , , , , </u>				_		
Business or Residence Addre	es (Nu	imbar and Stra	ant City	State 7in Code)						
C/o Quantenna Communica	,		•		ام (<i>د</i> ا	04080				
							K-21			
Check Box(es) that Apply:		Promoter	<u>⊠</u>	Beneficial Owner		Executive Officer	_⊠ 	Director		General and/or Managing Partner
Full Name (Last name first, i Copeland, Eric	f indiv	ridual)								
Business or Residence Addre	ss (Nu	ımber and Stre	et, City	, State, Zip Code)						
C/o Venrock Partners, 2494	4 Sand	l Hill Road, S	uite 200	0, Menlo Park, CA	94025	5				
		(Use blar	ık sheei	or copy and use add	dition	al copies of this shee	L as n	ecessary)		
		<u>, , , , , , , , , , , , , , , , , , , </u>		. , ,		T. P. T. C. Mile Bridge	,			<u> </u>
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^{*} The equity securities are actually held by Venrock Partners, of which Eric Copeland is a General Partner.

Check Box(es) that Apply: Managing Partner		Promoter	\boxtimes	Beneficial Owner*		Executive Officer	☒	Director	General and/or
Full Name (Last name first, i	findiv	idual)							
Diner, Fahri		<u>.</u>		 					
Business or Residence Addre	ss (Nu	mber and Stre	et, City	, State, Zip Code)					
C/o Sigma Partners, 1600 E	l Cam	ino Real, Suit	te 280,	Menlo Park, CA 94	1025	_			
Check Box(es) that Apply:		Promoter	×	Beneficial Owner		Executive Officer	\boxtimes	Director	General and/or Managing Partner
Full Name (Last name first, i Goguen, Michael L.	findiv	idual)						•	
Business or Residence Addre	ss (Nu	mber and Stre	ct, City	, State, Zip Code)					
C/o Sequoia Capital, 3000 S	and H	lill Road, Bld	g. 4, Su	iite 180, Menio Parl	ι, CA	94025			
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	\boxtimes	Director	General and/or Managing Partner
Full Name (Last name first, i	f indiv	idual)							
Business or Residence Addre C/o TPG, 345 California St			_						
Check Box(es) that Apply:		Promoter	Ø	Beneficial Owner		Executive Officer		Director	General and/or Managing Partner
Full Name (Last name first, i Sequoia Capital	findiv	idual)							
Business or Residence Addre	ss (Nu	mber and Stre	et, City	, State, Zip Code)					
Attn: Michael L. Goguen,	3000 S	and Hill Road	l, Bldg	. 4, Suite 180, Menle) Par	k, CA 94025			
Check Box(es) that Apply:		Promoter	\boxtimes	Beneficial Owner		Executive Officer		Director	General and/or Managing Partner
Full Name (Last name first, i Sigma Partners	findiv	idual)							
Business or Residence Addre	ss (Nu	mber and Stre	et, City	, State, Zip Code)					
Attn: Fahi Diner, 1600 El C	Camin	o Real, Suite	280, M	enlo Park, CA 940	25				
Check Box(es) that Apply:		Promoter	×	Beneficial Owner		Executive Officer		Director	General and/or Managing Partner
Full Name (Last name first, i	findiv	idual)							
Business or Residence Addre Attn: Eric Copeland, 2494			•		4025				
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer		Director	General and/or Managing Partner
Full Name (Last name first, i	findiv	idual)	Ü	-					
Business or Residence Addre	ss (Nu	mber and Stre	et, City	, State, Zip Code)					
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^{*} The equity securities are actually held by Sigma Partners, of which Fahri Diner is a Managing Director.

^{*} The equity securities are actually held by Sequoia Capital, of which Michael L. Goguen is a Managing Member.

				В.	INFOR	MATION .	ABOUT OF	FERING				
1. Ha	as the issuer solo	d or does the i	squer intend t	to sell to no	n-pocradited	investors in t	hic offering?	,			Yes	No ⊠
1. 116	is the issuer son	i, or does the i	ssaci intena	•			•	ınder ULOE.				
2. W	hat is the minim	um investmen	t that will be				_				\$	N/A
3. Do	es the offering	permit joint ov	wnership of a	single unit?		,					Yes ⊠	No
	ter the informat											
	nuneration for s rson or agent of											
tha	an five (5) perso		_									
	aler only. ne (Last name f	irst, if individe	ual)							··••		
Busines	s or Residence	Address (Num	ber and Stree	t, City, State	, Zip Code)							
Name of	f Associated Bro	oker or Dealer									 	
States in	Which Person	Listed Has So	licited or Inte	ends to Solic	it Purchasers							
	ck "All States" o										Па	ll States
[AL		[AZ]	[AR]		[CO]	(CT)	[DE]				_	[ID]
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[LL] [M]		[NV]	[NH]	[עו]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[MO]
[RI]		[SD]	[TN]	[TX]	(UT)	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
	(,	(,	[]		[,		(,	()	[]	[]	[]	
Full Nar	ne (Last name f	irst, if individe	ual)	•								· -
Busines	s or Residence	Address (Num	ber and Stree	t, City, State	, Zip Code)		•		· · ·			
Name of	f Associated Bro	oker or Dealer		•								
States in	Which Person	Listed Has So	licited or Inte	nds to Solic	it Purchasers							.
(Chec	ck "All States" o	or check indivi	duals States)			******************			••••••		□ A!	Il States
[AL	.] [AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]	[MI]	[MN]	[MS]	[MO]
[M]	(NE)	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Nat	ne (Last name f	īrst, if individ	ual)									
Busines	s or Residence	Address (Num	ber and Stree	t, City, State	, Zip Code)							
Name of	f Associated Bro	oker or Dealer				· · · · · ·						
States in	Which Person	Listed Has So	licited or Inte	nds to Solic	it Purchasers				<u>.</u>			
	ck "All States" o										□ A1	l States
[AL		[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[lA]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]	[MI]	[MN]	[MS]	[MO]
[M]	[NE]	[NV]	(NH)	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[W]]	[WY]	[PR]
			(Use b	lank sheet,	or copy and u	se additiona	copies of th	is sheet, as n	ecessary)			

[Click]

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PROCEEDS	
I.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	Aggregate	Amount Already
	Type of Security Debt	Offering Price	Sold
			\$
,	Equity	\$ <u>10,340,014.85</u>	\$ <u>16,340,014.85</u>
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests		
	Other (Specify)		
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.	1010-1010-1-1100	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchase
	Accredited investors	19	\$ <u>16,340,014.85</u>
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	•	\$
	Regulation A		\$ _
	Rule 504		\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees	\boxtimes	\$150,000.00_
	Accounting Fees		s
	Engineering Fees	_	\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$
	Total	⊠	\$150,000.00
		_	

	C. OFFERI	NG PRICE, NUMBER OF INVESTORS, EXPENSES AND	USE OF PROCEEDS	
	total expenses furnished in response to P	egate offering price given in response to Part C - Question 1 and art C - Question 4.a. This difference is the "adjusted gross		\$ <u>16,190,014.85</u>
	the purposes shown. If the amount for an	gross proceeds to the issuer used or proposed to be used for each purpose is not known, furnish an estimate and check the box to nents listed must equal the adjusted gross proceeds to the issuer above.	he	
			Payments to Officers, Directors & Affiliates	Payments To Others
	Salaries and fees		□ s	□ s
	Purchase of real estate	□ s	s	
	Purchase, rental or leasing and installation	П.	Пе	
	•			
	Construction or leasing of plant building	□ s	☐ s	
	Acquisition of other businesses (including used in exchange for the assets or securions)	□ s	□ s	
	Repayment of indebtedness		□ s	□ s
	Working capital			⊠ \$ 16,190,014.85
	Other (specify):		□ s	□ s
	Column Totals			⊠ \$ <u>16,190,014.85</u>
	Total Payments Listed (column total	als added)	⊠ \$ <u>16,19</u>	0,014.85
		D. FEDERAL SIGNATURE		
unde		d by the undersigned duly authorized person. If this notice is filed unurities and Exchange Commission, upon written request of its staff, of Rule 502.		, · •
	er (Print or Type)	Signature D	ate	
			_	
Quar	ntenna Communications, Inc. ne of Signer (Print or Type)	Title of Signer (Print or Type)	August 22 2008	

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Intentional Misstutements or Omissions of Fact Constitute Federal Criminal Violations. (See 18, U.S.C. 1001.)

ATTENTION _____